
 commerce.wi.gov Wisconsin Department of Commerce Safety and Buildings Division		Eligible Applicant List		Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program	
Governmental Unit Name:		FOR COMMERCE USE ONLY	Application Number:		Date Received:
Property Owner Name (Please list alphabetically):			State Share Requested:		
1.					
2.					
3.					
4.					
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Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

 commerce.wi.gov Wisconsin Department of Commerce Safety and Buildings Division		Governmental Unit Application		Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program	
Governmental Unit:				FOR COMMERCE USE ONLY	
Authorized Representative's Name and Title:					
Mailing Address:				Telephone Number:	
City, State, Zip Code:				Fax Number:	
E-mail Address:				Is this a new address, telephone number, fax number, or e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Category 1 Applications Submitted:	Amount Requested for Category 1 Applications Submitted:	Number of Category 2 Applications Submitted:	Amount Requested for Category 2 Applications Submitted:		
Total Number of Applications Submitted:	Total Amount Requested for All Applications Submitted:	How many of the applications are for a small commercial establishment?	Are any of the applications submitted requesting funding for an experimental system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part A

Each owner's application packet submitted to the Department of Commerce must include a copy of the Owner's Application, Grant Worksheet, Sanitary Permit Application, and approved plot plan.

Part B


Each owner must be listed on the Eligible Applicant List.

Part C

In addition to the information listed in Part A & B, property owners requesting a grant award for an experimental system and monitoring must submit a copy of the experiment approval letter, plan approval letter with corresponding identification numbers, and the letter showing that the installation received pre-approval for funding from the department. This information will show that the private onsite wastewater treatment system was installed as part of an approved experiment under the management of the Department of Commerce.

To the best of my knowledge and belief, this application and all attachments are true and correct under section 145.245, Wis. Stats.

Signature of Authorized Representative:	Date Signed:

 <p>commerce.wi.gov Wisconsin Department of Commerce Safety and Building Division</p>	<h2 style="margin: 0;">Grant Worksheet</h2>	Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program																																										
Owner's Name:		Governmental Unit:																																										
PART 1. GRANT FUNDING TABLES																																												
<small>In Sections B-F, the number of bedrooms determines the grant award. To use the grant funding tables for small commercial establishments, divide the estimated daily wastewater flow rate in gallons per day by 150, round off to the next highest whole number, and use the result for the number of bedrooms.</small>																																												
A. Site evaluation and soil testing. Grant amount \$250.		\$																																										
B. Installation of a replacement anaerobic treatment component.																																												
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E. Installation of an at-grade or mound POWTS treatment or dispersal component.																																												
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<small>*A slowly permeable mound may be designed using percolation test results property filed with the county before 7/2/94. A slowly permeable mound is defined in s. Comm 83.23(1)(b) as having a percolation rate of greater than 60 minutes per inch and less than or equal to 120 minutes per inch, or having a soil loading rate of 0.3 or less.</small>																																												
F. Installation of a POWTS Holding Component.																																												
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PART 1. GRANT FUNDING TABLES continued						
G. Installation of a Replacement Exterior Grease Interceptor by Gallon Capacity.						
Gallons:	Up to 1,249	1,250-1,499	1,500-1,749	1,750-1,999	2,000 or more	
Grant Amount:	\$550	\$650	\$750	\$800	\$900	\$
H. Installation of an Experimental System. If you are requesting funding for an experimental system, please submit a copy of the Wisconsin Fund pre-approval letter along with a copy of the plan approval letter and experimental approval letter containing corresponding identification numbers. List the total cost of the experimental system and monitoring that is being requested separately at the right. Copies of paid invoices must be submitted with this request.						Amount Requested For Installation: \$ Amount Requested For Monitoring: \$
I. Installations not Covered by the Grant Funding Tables. The Department on a case-by-case basis reviews installations not covered by the Grant Funding Tables. If you are requesting funding for an installation not covered by the grant funding tables or listed in Sections A-H, please explain your request here, attach a copy of the paid invoice showing the cost of the item, and request 60% of the cost of the installation at the right. <hr/> <hr/>						\$
TOTAL PART 1.						\$
PART 2. GRANT AMOUNT CALCULATIONS						
A. Enter the total from Part 1.						\$
B. Is the applicant a licensed plumber or contractor who installs private onsite wastewater treatment systems? If yes, enter 2/3 of the amount from section A or \$4,667, whichever amount is less. If the applicant is not a licensed installer, carry the amount forward from Section A.						\$
C. If this application is for a small commercial establishment and the annual gross income of the business that owns the small commercial establishment is less than \$362,500, this is the total grant award. Carry the amount in Section B forward to section F. If this application is for a principal residence and the annual family income of the owner(s) is less than \$32,001, this is the total grant award. Carry the amount in Section B forward to section F. If this application is for a principal residence and the annual family income of the owner(s) is between \$32,001 and \$44,999, list the amount in Section B here and go on to section D. If this application is for an experimental system, carry the amount in Section B forward to section F.						\$
D. Enter 30% of the amount by which the applicant's annual family income exceeds \$32,000. <div style="display: flex; justify-content: space-between;"> <div> Annual Family Income _____ Subtract <u>- \$32,000</u> Subtotal _____ </div> <div> X .30 = </div> </div>						\$
E. Subtract section D from section C. This is the maximum grant amount for this applicant. Carry this amount forward to section F. (The amount in sections E & F must be at least \$100 to be eligible for any grant award. If the amount calculated is less than \$100, enter \$0.00 in section F.)						\$
F. Total grant award requested for this applicant up to the maximum of \$7,000.						\$



**Wisconsin Fund –
Private Onsite Wastewater
Treatment System
Replacement or Rehabilitation
Financial Assistance Program**

*Applicants are eligible to receive the grant amount awarded or 60% of the total cost of the replacement system, whichever is less. The amount listed in section nine will become the applicant's final grant award.

 commerce.wi.gov Wisconsin Department of Commerce Safety and Buildings Division		Request For Payment		Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program	
1. Governmental Unit Name:		2. Grant Number:	3. Request Number:	4. FEIN Number:	
5. Address of the Treasurer where the check for this request should be sent:					
Treasurer's Name:		Street or PO Box Address:		City, State, Zip Code:	
6. Claim Information:		Amount:		FOR COMMERCE USE ONLY	
A. Total Amount This Claim: (Must agree with total on worksheets submitted with this claim.)					
B. Total Previous Payments:					
C. Total Cumulative to Date: (Total of lines 6A & 6B)					
CERTIFICATION: I certify that to the best of my knowledge the reimbursement represents the state share due which has not been previously requested. That all construction inspections have been performed and all work performed at each site was in accordance with state-approved plans, specifications, Administrative Code, and Wisconsin Statutes.					
Signature of Authorized Representative:			Date Signed:	Telephone Number (including area code):	
Printed Name and Title:				E-mail Address	
FOR COMMERCE USE ONLY Total Amount Authorized for This Payment: _____ Date Completed: _____ _____ Safety and Buildings Division _____ Safety and Buildings Division			Fund 100 Agency 143 Org/Sub SBIS Appr/Unit 3026 Activity SG15 Object 5100 Fiscal Year _____		

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 <p>commerce.wi.gov Wisconsin Department of Commerce Safety and Buildings Division</p>	<h2>Forms Request</h2>	<p>Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program</p>
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<u>Form</u>	<u>Amount</u>
Application Guide (SBD-9320)	_____
Eligible Applicant List (SBD-9166)	_____
Governmental Unit Application (SBD-9161)	_____
Grant Worksheet (SBD-9167)	_____
Owners Application (SBD-9163)	_____
Payment Claim Worksheet (SBD-9165)	_____
Request for Payment (SBD-9164)	_____

Please Send This Completed Request To:

Department of Commerce
 Safety and Buildings Division
 Wisconsin Fund - Private Onsite Wastewater Treatment System Replacement or Rehabilitation
 Financial Assistance Program
 PO Box 2658
 Madison, WI 53701-2658

OR

E-mail a request to jjoyce@commerce.state.wi.us

Requested Information Should Be Sent To:

Is this a new address? ☐ Yes ☐ No